



City of Hampton

Office Use Only:

PERMIT# _____

Amusement Device/Ride Permit Application

PART I

Amusement Company: _____ Telephone: _____

Property Owner: _____

Property Address: _____

Representative(s) authorized to accept service of legal process on behalf of owner or lessee:

(Name, Title, Address and Telephone Number)

Representative(s) of owner or lessee to be contacted concerning inspection:

(Name, Title, Address and Telephone Number)

PART II

I hereby apply for a permit to operate amusement rides as prescribed by the provisions adopted under authority granted the Board of Housing and Community Development by the Uniform Statewide Building Code Law, Chapter 6, (subsections 36-97 et. seq.) of the Code of Virginia, and The Virginia Amusement Device Regulations.

Names of rides/devices are listed as an attachment to this application. The listed rides/devices are subject to inspection fees as prescribed by the Virginia Amusement Device Regulations. All payments shall be made to the City of Hampton.

PART III

Insurance - The owner shall provide proof of financial liability in the minimum amount of \$100,000 per person and \$300,000 per occurrence as prescribed by the Virginia Amusement Device Regulations. Such proof shall be demonstrated by a bond or cash reserve, or a "Certificate of Insurance" issued by an insurance company authorized to do business in the Commonwealth of Virginia.

The following information must be included on the certificate: (1) Time period of coverage; (2) Limits of the policy; (3) A 30-day cancellation notice; (4) Name of ride(s) insured. If the certificate covers all rides/devices operated by the insured, regardless of the number, the certificate must contain such statement.

PART IV

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant

Date

DESCRIPTION OF AMUSEMENT DEVICE(S)

NAME	SERIAL NUMBER	NAME	SERIAL	NUMBER
1. _____		10. _____		
2. _____		11. _____		
3. _____		12. _____		
4. _____		13. _____		
5. _____		14. _____		
6. _____		15. _____		
7. _____		16. _____		
8. _____		17. _____		
9. _____		18. _____		

List name of owner(s) by number, if ride/device is sub-contracted or "book-in"

Location of Event: _____

Address: _____

Opening Date: _____

Closing Date: _____

Date Arrive on Lot: _____

Arrival Time: _____

A separate form must be prepared for each location of operation. When the rides/devices are ready for assessment, the owner or operator shall notify the inspector by calling (757) 727-8311 to set up the inspection.

Development Services Center

22 Lincoln St., 3rd Floor, Hampton, VA 23669

Tele: (757) 728-2444 – Fax: (757) 728-2445